ACKNOWLEDGEMENT OF RECEIPT

Attachment for Psychiatric Program License Application

I	acknowledge the receipt of:
1.	Sections 100a-100d; 134-150; 400-498t; 700-788; and 946 of the Mental Health Code (1974 PA 258 as amended).
2.	Psychiatric Program Licensure Rules: Rules 330.1201-330.1299; Rules 330.4011-330.4089; Rules 330.4501-330.4661; and Rules 330.7001-330.7260
Signature	Date
Hospital/A	pplicant Name
Completed	form should be returned with your license application packet.

BHS-LC-822 (01/03/06) Completion of this form by authority of MCL 333.1223. The Michigan Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc.